

# TOTAL LOSS STATEMENT

North Dakota Department of Transportation, Motor Vehicle Division  
SFN 53386 (Rev. 07-2005)

Motor Vehicle Division  
ND Department of Transportation  
608 E Boulevard Ave  
Bismarck ND 58505-0780  
Telephone: (701)328-2725  
Fax: (701) 328-1487  
Website: www.nd.gov/dot

THIS WILL CERTIFY THAT

Owner	Daytime Telephone Number		
Address	City	State	Zip Code

received compensation for the following vehicle:

Year	Make	Odometer Reading
Vehicle Identification Number		

which was a total loss as a result of an accident occurring on:

Month	Day	Year
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NOTE: Credit can be claimed no more than three years from date compensation was received.

Claim Number	Date of Payment
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TOTAL LOSS AMOUNT        \$ \_\_\_\_\_  
LESS DEDUCTIBLE        \$ \_\_\_\_\_  
LESS RETAINED SALVAGE    \$ \_\_\_\_\_  
AMOUNT PAID TO OWNER    \$ \_\_\_\_\_

FOR MVD USE ONLY

Name of Insurance Company	Telephone Number		
Address	City	State	Zip Code

State of \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Authorized Agent

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**X** \_\_\_\_\_  
Signature of Notary Public

SEAL

My Commission Expires \_\_\_\_\_